## STATE TAX COMMISSION CONTINUING EDUCATION RENEWAL ATTENDANCE SIGN-IN SHEET

	CONTINUING	EDUCATI	ON RENEWAL ATTENDANCE SIGN-IN SHEET		
Course Title:					
Sponsor Organization:					
Instructor(s):					
Course Date(s):					
Course Location:					
Number of Hours					
Approved by STC:					
SUBMIT COMPLET	ED FORM TO:	duncanso	nb@michigan.gov or fax to 517-241-2621		
and include a certifica	te of completion	from the	sponsoring organization. By signing this		
form, I agree and veri				INITIAL	
PRINT FULL NAM	IE (LEGIBLY)	Level	Signature	in	out
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and include a certificate of completion	n from the sponso	ring organization. By signing	g this		
m, I agree and verify that I attended the full course listed above.				INIŢIAL	
PRINT FULL NAME (LEGIBLY)	Level	Signature	in	out	